

Risk Assessment for Travelers Returning from Guinea

Traveler's Name:		Address:	
Place of Employment:		Job Title:	
Home Phone:	Cell Phone:	DOB:	
<p>Have you traveled internationally (i.e., Guinea) in the past 21 days? If so, list the city/country with dates of visit:</p> <p>City/Country: _____ from: ____/____/____ to ____/____/____</p> <p>City/Country: _____ from: ____/____/____ to ____/____/____</p> <p>City/Country: _____ from: ____/____/____ to ____/____/____</p> <p>City/Country: _____ from: ____/____/____ to ____/____/____</p>			
<p>What was the purpose of your visit? What did you do on your visit? Who traveled with you?</p>			
<p>Please answer the following questions regarding your visit to the above cities/countries (include dates/locations):</p>			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<p>Did you have direct contact or close contact (within 3 feet) with blood/body fluids of a known/suspect EVD patient or patient with febrile illness? If yes, describe:</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<p>Did you visit any hospitals or healthcare facilities? If yes, describe:</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<p>Did you provide healthcare to patients with febrile illness, handle human remains, or laboratory specimens of any known/suspect EVD patients? If yes, describe:</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<p>Did you handle/have contact with bats, rodents, or primates (i.e., apes/monkeys) or consume bushmeat? If yes, describe:</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<p>Are you taking any medication? If yes, list with dates of intake:</p>	
<p>Check any of the following symptoms that you have experienced within 21 days of visiting the above areas:</p>			
<input type="checkbox"/> Fever	<input type="checkbox"/> Myalgia	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Headache
<input type="checkbox"/> Malaise	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Sore throat
<p>Date(s) & approximate time(s) that symptom(s) started:</p>			

Health Assessment

Evaluators: For symptomatic persons who present in outpatient settings, 1) don available PPE, 2) isolate individual in a private room, and 3) immediately contact ISDH. Limit individual's movement and contact with others.

Thermometer use: Forehead thermometer strips may be used. If an oral thermometer is used, clean with a disposable wipe, soak in disinfectant for 10 minutes, and let air-dry after use.

Temp: _____ °F

☐ This person traveled to Guinea in the past 21 days. He/she denies risk factors for exposure to Ebola virus and has no symptom(s).

1. Local health department will monitor person for symptoms daily for 21 days.
2. Notify ISDH
3. Notify supervisor

☐ This person traveled to Guinea in the past 21 days and has one (1) or more risk factors for exposure to Ebola, but no symptom(s).

1. Notify local health department and ISDH
2. Notify supervisor
3. Remove person from work, school, etc. and monitor for symptoms twice daily through 21 days after his/her last exposure (21 days after he/she left affected country if date of exposure is unknown)

☐ This person traveled to Guinea in the past 21 days. He/she denies risk factors for exposure to Ebola virus but has one (1) or more symptom(s).

1. Isolate on-site immediately
2. Notify local health department and ISDH
3. Notify supervisor

☐ This person traveled to Guinea in the past 21 days, has one (1) or more risk factors for exposure to Ebola, and has one (1) or more symptom(s).

1. Isolate on-site immediately
2. Notify local health department and ISDH
3. Notify supervisor

PLAN OF ACTION

1. _____
2. _____
3. _____
4. _____

Comments:

Form completed by:

Fax completed form to ISDH at 317-234-2812

CDC website for EVD: <http://www.cdc.gov/vhf/ebola/>
ISDH website for EVD: <http://www.in.gov/isdh/26447.htm>